

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

General Information

1 Name of organization
ALDERMAN FOR REPRESENTATIVE

Employer identification number
91-2065792

2 Mailing address (P.O. Box or number, street, and room or suite number)
5715 KROEMER Rd

City or town, state, and ZIP code
FT. WAYNE, IN. 46818

3 E-mail address of organization

4a Name of custodian of records
Robt. ALDERMAN

4b Custodian's address
SAME

5a Name of contact person
SAME

5b Contact person's address

6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

City or town, state, and ZIP code

Purpose

7 Describe the purpose of the organization
LEGISLATIVE CAMP. COMMITTEE

List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
NONE		



